

Alternatives to Abortion Invoice

Contract #	<u>CS170042007</u>	Vendor Name:	<u>Lutheran Family and Childrens Services of Missouri</u>
Vendor Number:	<u>43065265000/MB00091282</u>	Vendor Address:	<u>9666 Olive Blvd Suite 400</u>
			<u>St. Louis, MO 63132</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 364,538.56	\$ -	\$ 72,907.71
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 72,907.71
Allocation Remaining		\$ 291,630.85

Signature: _____